



Department of
the Secretary of State
Bureau of Motor Vehicles

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Application for Licensing Agent Online Account ____ IFTA ____ IRP

Business Information

Agency Name: _____

DBA: _____

Taxpayer ID: _____ Primary Contact: _____

Physical Location (No PO Box)

Street: _____

City: _____ State: _____ Zip Code: _____

Mailing Address

Same as Physical: ☐

Street (or PO Box): _____

City: _____ State: _____ Zip Code: _____

Name of User: (Person logging into Account) Application required for each user to be assigned

Name of User: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Ext.: _____

Fax Number: _____

Email Address: _____

I certify that I am the owner, an officer, or duly authorized representative of the above named business and have the authority to represent the business and sign this application.

Signature Title Date

****IRP may require a training class in our office****

101 Hospital Street, 29 State House Station, Augusta, ME 04333-0029
Phone (207) 624-9000 Ext. 52136 Fax (207) 624-9062 TTY Users call Maine relay 711
www.maine.gov/sos/bmv/commercial Email: IFTA.BMV@maine.gov



Application for Licensing Agent Online Account Continued

IFTA/IRP Add Carrier Information to Licensing Agent Account

Carrier Legal Name: _____

DBA: _____

Carrier Account Number: _____ US DOT Number: _____

Taxpayer ID Type: ☐ FEIN ☐ SSN Taxpayer ID#: _____

Authorization – Must be signed by Carrier Owner or Officer

I certify that

- (1) I am the owner, an officer, or duly authorized representative of the above named carrier and have the authority to represent the carrier and sign this application; and
- (2) The Licensing agent named on page 1 is authorized to conduct online transactions in the Maine IFTA/IRP system on behalf of the carrier named above.

Name: _____
(Please Print)

Signature _____ Title _____ Date _____

Applications must be notarized or submitted with a Power of Attorney

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